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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									17994115/		
CLAIMS AS FILED - PART (Column 2)							SMALL ENTITY			OTHER SMALL	THAN ENTITY
	FOR	EMUNE	NUMBER FLED		NUMBER EXTRA		RATE	FEE		RATE	FEE
	IC FEE FR 1.18(a))							ŗ	<b>O</b> R		
101	AL CLAIMS FR 1.18(c))		minus 20 •		•				OR	x s =	
DAD	PEIDENT CLAIM FR 1.15(b)	s	minus 3 =		•				OR	X4	
MULTIPLE DEPONDENT CLAIM PRESENT #7 GFR 1.18(d)						T		11. 4.	OR	+= •	
" If the difference in column 1 is less than zero, enter "O" in column 2.						_	TOTAL		OR	TOTAL	
	<b>C</b> 1	AD40 40 A44	ENDEO (	DADT II		•		,	•	·	
CLAIMS AS AMENDED - PART II											THAN
1-	27-06	(Column 1)		(Column 2)	(Column 3)	_	SMALLE	NTITY A	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	ρ	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDA TIDICAL PEE		rate	ADDI- TIONAL FEE
	Total (27 CFR 1.146)	· q	Minus -	42		T,	. 7	7	OR	X 8 *	
	Independent GF GFR 1.Hgg	· 82	Minus **	. 3	• ()	0.00			OR	X \$	
AM	FRST PRESENTA	TION OF MULTIPLE	E DEPENDENT	CLAN (37 CF	R 1.996)		. /.		08		
						-	OZAL	\.	OR OR	TOTAL	
2-15-0 (Column 1) (Column 2) (Column 3)						7	DOL FEE		- CK	ADDIFEE	_
		(Column 1) CLAIMS		(Column 2)	(Column 3)				1		
ENDMENT B		REMAINING AFTER AMEXIMENT	P	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE _A		RATE	ADOI- TIONAL FEE
	Total (27 CPR 1.18(2)	13	Minus **	42	- 0	×			OR	x &•	
	prospendent profit 1,100	3	Minus **	3	· B	×		\·\	OR	X &	
₹	FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.18(4))					4	8	$\Lambda$	OR	+=	
$\bigcirc$	Mal						OTAL DO'L FEE		OR	TOTAL ADD'L FEE	
X	$K(\mathcal{U})$	(Cotumn 1)		(Column 2)	(Calumn 3)_			<u>, /</u>			
AMENDMENT C	C	CLAIMS REMARING AFTER AMENDMENT	P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT		RATE	ANOI- JONAL FEE		RATE	ADOI- TIONAL FEE
	Total (OF CFR 1.14(c))	. 13	Minus ***	42	.(/)	7,	•_•		.OR	X 8=	·
	Independent ØF CFE 1.1403	.3	Minus **	3_	1	[x			OR	X 8	
A	FRET PRESENTA	TION OF MULTIPLE	COPPODE/T	GAN (37 CF	# 1. (CC)	T.	./.		<b>OR</b>	+ 8 -	
								1	OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "If in column 3.  If the Tughest Number Previously Paid For In This SPACE is less than 20, enter "20".  If the "Highest Number Previously Paid For In This SPACE is less than 3, enter "3".											

• • •

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "J".

The Highest Number Previously Paid For I Total or Independent is the highest number found in the appropriate box in option 1.

This collection of information is required by 37 CFR 1.16. This Information is required to obtain or ration a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiatity is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 misutes to complete, including gethering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the emount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED PORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.